

City of North Little Rock

Personal Information Sheet

Name : _____ DOB: _____
(Month, day, year)

Home Address: _____
(Street, city, zip)

Phone number: _____ Length of Residence: _____
(Home and business) (Years)

Place of Employment: _____

Occupation: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Place of Employment: _____

Spouse's Occupation: _____

Children (names): _____

Board or Commission: _____

Term of Appointment: _____

Summary of qualifications and/or experience: _____

Other board and commission served on: _____

Educational Background: _____

I hereby acknowledge that I have read and understand City Ordinance 5333 as amended by Ordinance 6495, pertaining to absences by members of City Board and Commissions.

The above statements are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

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